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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/648016		FILING DATE	
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1				51			
2		1		1			52			
3		1		1			53			
4		1		1			54			
5		1		1			55			
6		1		1			56			
7		1		1			57			
8		1		1			58			
9		3		1			59			
10		3		1			60			
11		3		1			61			
12		3		1			62			
13		0		1			63			
14		0		1			64			
15		0		1			65			
16		0		1			66			
17		0		1			67			
18		0		1			68			
19		0		1			69			
20		0		1			70			
21		0		1			71			
22		0		1			72			
23		0		1			73			
24		0		1			74			
25		0		1			75			
26		0		1			76			
27							77			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1		1				TOTAL IND.			
TOTAL DEP.	33		27				TOTAL DEP.			
TOTAL CLAIMS	34		28				TOTAL CLAIMS			

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